

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 393303	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 07/04/2023
NAME OF PROVIDER OR SUPPLIER: CHILDREN'S HOSPITAL OF PHILADELPHIA, THE STATE LICENSE NUMBER: 550401		STREET ADDRESS, CITY, STATE, ZIP CODE: 3401 CIVIC CENTER BLVD. PHILADELPHIA, PA 19104			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
P 0000	INITIAL COMMENT	P 0000			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE: _____ (X6) DATE: _____					

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P 0000	Continued from page 1 This report is the result of an occupancy survey conducted on June 28, 2023, and completed off-site on July 10, 2023, at the Children's Hospital Of Philadelphia-Main Campus (Phase 2), an interior fit out of existing shell space for an existing Magnetic Resonance Imaging (MRI) Unit-5 relocated from the Wood Building to the 2nd floor Buerger Building, which also included renovations for a MRI Control Room and MRI Equipment room, and review of the following equipment: MRI-5 Unit (SN:69664), Contrast Intravenous Injector System (101493), Physiologic Hemodynamic Monitor (MR400), Ferromagnetic (Magnetism) Safety System (SN: H2XB-220706-02, SL19041601), Respiratory Ventilator (ASRJ-0021) and a Nurse Call System (C-0156364-001-01). Based on the occupancy survey, it was determined the facility was in compliance with all applicable requirements of the Pennsylvania Department of Health's Rules and Regulations for Hospitals, 28 Pa Code, Part IV, Subparts A and B, November 1987, as amended June 1998 and the current edition of the Guidelines	P 0000			

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P 0000	Continued from page 2 for Design and Construction of Hospital and Health Care Facilities.	P 0000			



Certified End Page

CHILDREN'S HOSPITAL OF PHILADELPHIA, THE
STATE LICENSE NUMBER: 550401
SURVEY EXIT DATE: 07/04/2023

**I Certify This Document to be a True and Correct Statement of Deficiencies and
Approved Facility Plan of Correction for the Above-Identified Facility Survey**

A handwritten signature in black ink that reads "Jeane Parisi".

Jeane Parisi
Deputy Secretary for Quality Assurance

A handwritten signature in black ink that reads "Debra L. Bogen MD".

Debra L. Bogen, MD, FAAP
Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY